#### **Unmanned Aerial System (UAS)/Unmanned Aerial Vehicles (UAV)**

#### **Operations and Use Application**

The [CSU East Bay UAS/UAV Use Policy](https://www.csueastbay.edu/orsp/files/docs/policies/uas_uav_policy_draft.pdf) and the [CSUEB UAS/UAV Use Application Procedures](https://www.csueastbay.edu/orsp/files/docs/policies/uas_uav_procedures_draft.pdf) must be read prior to completing the CSUEB UAS/UAV Use Application. Submit a signed copy of the completed application to [**ORSP**](https://www.csueastbay.edu/orsp/information/staff.html) **directly** or an electronic copy to [orsp@csueastbay.edu](mailto:mgillesp@csusb.edu). If more space is needed please attach a separate sheet that references the appropriate section of this application. If you need assistance in completing the form please first refer to the [procedures](https://docs.google.com/document/d/18SP2CqI_NZ7k8p-edJH26KlF1F8Xa9NSH5m3m0tUIGA/edit?usp=sharing). For remaining questions contact [the subcommittee specialist at christine.avilla@csueastbay.edu](mailto:jeanne.dittman@csueastbay.edu)**.**

**SECTION 1: Applicant and Type of UAS/UAV Use/Flight**

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Use/Flight/Operation Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Application [ ] Renewal [ ]

Based on the FAA guideline information, [CSUEB UAS/UAV Use Policy](https://drive.google.com/open?id=1fqriSmTlGNJbyX_wS1osjkx48WA6kEbo), and [CSUEB UAS/UAV](https://drive.google.com/open?id=1N2bC7fcd2f3zaNF-CEi0khzIz84rpU3P) Use Procedures please describe the type of **Use and Purpose** you believe is applicable.

| **Indoor or Outdoor Use** | Choose All That Apply |
| --- | --- |
| Indoor Use\* |  |
| Outdoor Use |  |
| **Purpose of Use** |  |
| Education |  |
| Research/Scholarship/ Creative Activity |  |
| Civil/Public |  |
| Government |  |

**Description of Use** (Intended use and how the use fits into the type and purpose indicated above. You may also provide attachments that support the description). For renewal applications of an Approved Flight Plan, indicate such, describe any changes, and attach the Approved Flight Plan copy.

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**SECTION 2: OPERATOR INFORMATION**

UAS/UAV Operator information is needed for review of this application. List all personnel who will be operating or using the UAV/UAS related to this application (including contracted UAS/UAV vendor/ operator). Use includes all personnel who are directly engaged with the maintenance or operations of the UAS/UAB.

If more than 10 personnel, please attach a list of all.

When using a third party vendor, indicate the vendor name and contact information below, then see also section 7 regarding the requirement of a procurement form, release of liability form, and proof of insurance. Attach copy of pilot license or TRUST Certification as applicable. Note: Prior to a flight using a third-party operator, the applicant requesting the flight, in collaboration with CSUEB Procurement, are accountable for having the appropriate agreement with terms and conditions in place.

| Name(Last, First) | Department  (if Applicable) | E-Mail | Airman Certification Current (Y/N) | CSUEB Employee or Third Party (Non-CSU) |
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**SECTION 3: UAS/UAV SPECIFICATIONS**

UAS come in a variety of shapes and sizes and serve diverse purposes. Regardless of size, the responsibility to fly safely applies equally to manned and unmanned aircraft operations.  In the table below provide the requested information for each UAS/UAV you wish to have considered with this application.

| Manufacturer and/or Assembler | Model | Serial # (if provided from manufacturer). \*If none, leave blank and CSUEB will assign a tracking or inventory number during approval process) | Weight (when operated with all equipment) | Size (dimensions or diagonal) | Video and Audio Equipment\* (Y/N)  \*List equipment in section 7 | Registered with FAA (Y/N) If yes please provide proof of registration and registration number. | Describe modifications, if any |
| --- | --- | --- | --- | --- | --- | --- | --- |
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**SECTION 4: LOCATION OF USE, OPERATION, AND STORAGE**

Although UAS/UAV have many purposes, our primary concern is safety of flight and risk mitigation. It is important to keep in mind that each UAS and its operating area must conform to safety guidelines.

| Describe all launch, recovery locations, and planned flight paths/patterns/areas related to this application, and pre-flight, and post-flight storage locations, include a map(s). Describe communications plan for notifying CSUEB police, local landowners, and local police agencies, as appropriate, in the overflight radius of planned operations each time a UAS/UAV is flown outdoors. | On Campus (Yes/No) | Indoors (Yes/No) |
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**SECTION 5: FUNDING**

Please describe what funding sources will be used to support the use of this UAS/UAV. Be sure to indicate specific funding requirements. If there is no funding being used to support the use and operation please type “N/A.”

| Fund Source (or Sponsor) | List Funding Requirement/Conditions of UAS/UAV use by sponsor (if any) |
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**SECTION 6: PERIOD OF OPERATION**

Indicate the anticipated start and end dates of known use dates for each UAS/UAV referenced in Section 2 of this application.

| Manufacturer’s Serial Number | Start Date | End Date |
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**SECTION 7: RISK ASSESSMENT**

| 1. Additional insurance may be required for UAS/UAV operation depending on the specific activities and potential harm that could occur to property or persons. Describe potential risk to property or people and the steps you will take to reduce or eliminate that potential risk. |
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| 1. If a Third Party Vendor was included in Section 2: Operators, or will be used for any other portion of the drone use, describe the role of the Third Party Vendor and their experience. Also, attached a copy of the appropriately signed procurement form, release of liability form, and proof of insurance. |
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| 1. Describe pre-flight airworthiness checklist and plan. |
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| 1. If video and audio equipment was listed in section 3 describe the type and capabilities here. |
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| **5.** Will there be deliberate video and audio of individuals. If so, describe intent, including plan for obtaining consent. |
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| 1. Will there be any human subjects or Animal Care and Use associated with the UAS/UAV use application? If so, provide an IRB/IACUC approval number. |
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I and my designees responsible for operating or overseeing operation of the UAS/UAV have read the [CSUEB UAS/UAV Policy](https://docs.google.com/document/d/1KYxI8GkaZlU9GMDPJkrnRH6pvkMmLABhbpaws6ppQtE/edit?usp=sharing) and the *Procedures for Request and Approval for the Use of Unmanned Aircraft Systems (UAS) and Unmanned Aircraft Vehicles (UAV) on California State University East Bay (CSUEB) Campuses or on behalf of CSUEB*.

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Applicant Signature Date

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Faculty Advisor Signature, if Student Applicant Date

| **Administrative Use Only** | | | |
| --- | --- | --- | --- |
| FAA Authorization Number, if Applicable | UAS/UAV Use  Application Date | UAS/UAV Use Review Date | UAS/UAV Use  Approval Date |
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| Notes or Additional requirements: |  | | |
| Signature of CSU East Bay UAS/UAV Committee Chair | Date: | | |
| Signature of AVP Risk Management for Insurance Review (AVP Risk Management | Date: | | |
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